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ABSTRACT

The role of higher education in promoting health and consumer awareness of health needs is addressed in this SREB bulletin. The jobs of health educators and primary health providers are reviewed with focus on areas of needed improvement and community service. Initiatives taken by individual institutions are cited along with examples of health education at the grass-roots level in southern states. (LBH)

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REGIONAL SPOTLIGHT

SOUTHERN REGIONAL EDUCATION BOARD

NEWS OF HIGHER EDUCATION IN THE SOUTH

Vol. XI, No. 3 February, 1977

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The Motivational Factor

Health and Higher Education

Ben Franklin's "ounce of prevention" dictum belied his rambunctious life. Nevertheless, his words captured an eternal verity that good health practices be incorporated into our daily style of living.

Most of us would prefer to die young at an old age; for all too many of us, however, it doesn't work out that way. Bad health habits—due to carelessness, ignorance, deprivation or poor environment—cause the majority of our infirmities and untimely deaths. Medical science, despite continuing advances, can go only so far in repairing the damage.

"It's our life-styles that contribute to most diseases from which we die," claims Dr. Ernst L. Wynder, president and medical director of the American Health Foundation, a preventive medicine research organization.

"And if the individual is hell-bent on destroying his health," surmises medical writer Roger Cheadle, "education — not more medical services — may be the appropriate response."

The Carnegie Commission's report on the nation's health concludes: "In light of accumulating evidence that mortality rates in the United States are excessively high chiefly because of unwise personal habits and high accident rates, major emphasis should be placed in the coming years on the development of more effective programs of health education."

Knowledge by itself does not alter behavior. It is essential but not sufficient. To be successful, health education must also motivate personal health reforms and, in many instances, stimulate action for societal changes.

"We must regulate the system as well as the consumer," believes Dr. C. Arden Miller, a professor in public health at the University of North Carolina at Chapel Hill.

Demonstrating the need for such reforms are some disheartening statistics derived from health studies recently conducted in three Southern states:

- North Carolina polled the health habits of selected residents in the early Seventies and found that 27 percent of those households and 43 percent of all preschool children in the survey area had nutritionally inadequate diets. Among the poor and uneducated, over one-third of the homemakers polled had no knowledge of nutrition. Less expectedly, of those homemakers who had more than 16 years of formal education, including some nutritional training, one-fourth prepared less-than-nutritious diets for their families.
- Testing 4,000 freshmen in the state's university system, the University of Georgia's new Department of Health and Safety found the students "considerably lacking in strength in any health content area." Students showed moderate awareness in safety/first aid and consumer health, but were weak in knowledge of personal health, exercise, nutrition, tobacco, alcohol, drugs, diseases, mental health and human sexuality. Ironically, those students scoring lowest in the health evaluation study were those who had completed either high school or college health courses.
- "There is a direct relationship between health characteristics and income," prefaces Richard K. Thomas in a research report on the health status and behavior of Memphis (Tenn.) citizens. Although the major barrier to health is identified as low income, "the attitudes of the poor toward their own health and toward the health care delivery system override decisions concerning the financing of health care," the report shows. The population as a whole displayed a discouraging level of fatalism with regard to health and demonstrated little faith in preventive medicine.

Meanwhile, among another segment of society—most of them being under 40 and college graduates—health has become a sort of "pop" culture. The center of all this activity is the nearest health food store with its shelves of potions and racks of contradictory health philosophies, the majority written by self-appointed health experts. Choice of cure and advice is the

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consumer's responsibility. The urgency to remedy real or imagined ills or simply to maintain good health has led to folk medicine, fad diets and massive vitamin dosages. "Such practices result in inconsequential but expensive 'cures'—and occasionally death," says one Atlanta doctor.

Just in terms of money, some watchdog groups say billions of dollars are wasted annually on unnecessary health care goods and services. According to Ralph Nader's Public Citizens Health Research group, the waste amounts to more than $21.5 billion per year.

Federal statistics show that all health care expenditures in the United States in 1975 reached $118.5 billion, 8.3 percent of the gross national product.

"The health system, as it is today," observes one public health official, "is pricing itself out of the American market. And it has failed in many ways to deliver the total service needed by the consumer."

Public unrest over the situation has created a flurry of proposals and a host of congressional supporters for more doctors, more research, more anything that would make this country a healthier one.

Focusing national attention on what many observers call the "real" issue — alternative approaches to health care — two Southern congressmen, U.S. Representatives Paul Rogers of Florida and Tim Lee Carter of Kentucky who is a physician, helped prepare and push through legislative channels the National Consumer Health Information and Health Promotion Act of 1976.

Briefly, the law assigns the Department of Health, Education, and Welfare the task of conducting and supporting research in health education, promoting preventive health education, and encouraging public use of health care facilities and personnel. Authorization of $31 million has been promised for this undertaking.

Health education has become a national priority.

"With or without federal legislation, it's catching on, emerging in a wide variety of forms," states William H. Carlyon, director of the American Medical Association's Department of Health Education.

"Patients will find answers," he asserts. "If physicians and other health educators don't help them find the right ones, they will fill the information gaps with misinformation gleaned from a variety of dubious sources."

As health professionals, you must think beyond the confines of your own individual skills. Each of you has the potential and the responsibility to interact with your environment — professional, social, political — to produce changes and improvements that will result in better health services and a higher level of health in the community in which you live.

Kentucky January, Study Guide and Resource Manual for Family Health Teams. College of Allied Health Professions of University of Kentucky, September 1976.

The Health Educator

Traditionally the job of health education has been relegated to volunteers, an assorted group of health specialists and, on many occasions, physical education teachers who may or may not have been trained in health care.

"There are many people passing as professionals who really don't possess the qualifications," says Dr. Marion C. Riser, coordinator of health specializations in the College of Education at Florida State University. "According to the State Department of Education, there are approximately 1,800 health teaching positions in our secondary schools; only 250 of these positions are filled with qualified health teachers.

"I could cite many other examples to support my belief that there is a critical shortage of professional health educators in the South and nationwide."

There have been some indications recently that higher education is aware of the problem.

Health education subjects and settings are surfacing and multiplying rapidly on campus, not only in the schools of public health but are threading throughout the university in departments of medicine, nursing, dentistry, allied health, social work, education and home economics.

Emerging from all this activity is a new kind of professional health educator who is not behind a desk anymore but out in the field teaching people how to take better care of themselves and, more difficult, convincing them that they should.

Illustrating the new intent of health education, the director of the community health program at the University of Kentucky at Lexington, Dr. Joe Sills, comments, "Until now, no one was out there with the actual problems; most holders of public health master's degrees had ended up behind desks. We have enough people trying to direct the programs. What society needs is people meeting the problems which actually exist; and we must get manpower trained at that level."

So, rather than concentrating on health specialty preparation in administration and planning, the University of Kentucky, along with Sam Houston State University in Texas and East Tennessee State University, began an experimental undergraduate preparation program designed for direct confrontation with community needs.

"As part of their curriculum requirements, the students are in the field—in clinics, in homes, in agencies—actually providing health education services and, more impor-

tantly, teaching the individual to do for himself," Sills says.

Kentucky's Allied Health College, of which community health is a part, makes over 300 student placements in rural communities each year as a regular part of the intern curriculum.

An academic area which surged in the Sixties, allied health is the most rapidly growing generator of health care specialists who supply the link between restorative and preventive health care. To assuage the mounting demands for good health amid the diminishing supply of health providers, allied health lists as many as 200 occupations, including medical and dental assistants, community and public health workers, and physical therapists. Among newer fields are community nutrition dietetics and biomedical communications.

The primary health providers—schools of medicine—are exerting new efforts in preventive health care, too, with a specialty called family practice. This new residency training program incorporates patient care with a special emphasis on patient education and on the application of preventive medicine techniques.

Family practice has been a part of academic study and training at the Medical College of Georgia in Augusta for the past four years. This year a proposal for establishment and support of a statewide network of these residency training programs is being considered by the Georgia General Assembly.

"The family doctor's training includes many specialties giving him the knowledge necessary to handle 90 to 95 percent of all human illnesses encountered," says Dr. Wells Riley, one of the Georgia program's major promoters. "Just as important," he adds, "this physician will be able to offer continuing and comprehensive care and health education to all patients. Nationally, last year's graduates in family practice are establishing their practices in small and medium-sized towns, areas of great medical scarcity."

The South's medical schools have several such programs, as well as smaller divisions of preventive health studies. To its own division, the University of Texas Medical Branch at Galveston has added another dimension: environmental toxicology and epidemiology to research and identify harmful environmental agents.

"We must regulate the system as well as the consumer."
Dr. C. Arden Miller, UNC-Chapel Hill

As many as 80 percent of cancers are induced by environmental agents, estimates Dr. Marvin S. Legator who directs the new division. "There is every reason to believe that a variety of genetic abnormalities as well as other chronic conditions are attributable to various chemicals and other substances to which we are currently exposed."

This particular type of preventive research is conducted in only three other institutions in the United States.

The opportunity for medical scholars to see firsthand the health problems and needs in surrounding communities is now possible through the Clinical Scholars Program at the University of North Carolina at Chapel Hill. Dr. David McKay, program director, says the scholars are exposed to a number of disciplines about which most physicians know little. "Traditionally, medical education has concentrated on the biology of medicine," he says. "In this program, we help young doctors develop additional skills in the areas of health care and education."

"Since the 1800's, nurses have been teaching people how to live better," states Dorothy Talbot, director of nursing programs in the School of Public Health at UNC-Chapel Hill. "Public health nurses feel this is their primary responsibility."

Every baccalaureate and graduate degree program of nursing in the South has, as part of its curriculum, preventive health promotion, according to Ms. Talbot.

The traditional nursing function is being expanded through the "nurse practitioner," a new member of the health care team already being trained at some Southern universities. The nurse practitioner fills the present gap between medical and nursing care as the two professions exist today, serving as the first contact for individuals and families seeking services, facilitating their access to health care and to the whole health system, explains Edith Wright, director of the Family Nurse Clinician Project at Texas Woman's University. "This includes preventive and health maintenance program measures," adds Isobel H. Thorp, director of the Pediatric Nurse Practitioner Program at the University of Alabama in Birmingham, "as the nurse practitioner is trained to meet the majority of daily personal health needs."

New comprehensive health and safety education laws in many states, including Georgia, Florida and Texas, have kindled an emphasis on teacher specialization in health education. The Georgia mandate lists that during three quarters, or the equivalent, the following topics be taught to youngsters, beginning in the eighth grade: drugs and alcohol, personal hygiene, anatomy and physiology, dental and mental health, family living with human sexuality, diseases, community health, health careers, environmental health, nutrition, social diseases, first aid, growth and development, and safety. For elementary school children, fifteen minutes each day of health education are required, including drug awareness at grade five.

Some of the state's secondary school systems are now experi-

menting with credit courses in health education.

Such a list of complex health subjects requires more than a randomly delegated teacher to administer the information. The need for more comprehensive teacher training—one which because of its scope and depth must necessarily be apart from other teaching pursuits—has prompted a Department of Health and Safety at the University of Georgia in Athens.

The aim is to promote a sweeping, sequential program in the schools from kindergarten through college, combined with pre-school programs and individual and community carry-over throughout adult life.

"Health safety education, as opposed to health safety information, must bridge the gap between knowledge and practice," believes department director John Conley. "To be effective, health education must motivate people to take that information and do something with it." He adds, "We're in the business of training health motivators."

As part of their regular curriculum, Georgia undergraduates intern either in the schools or in community health agencies. The internships serve as a point of basic contact with the public, rather than with administrative duties.

"Recent trends indicate that the home economist will have an increasingly important role and expanded career opportunities in preventive health care through community nutrition, nutrition science, dietetics and food science," predicts Dr. Lura Odland of the University of Tennessee at Knoxville.

"One new facet of the cooperative extension service is the expanded food and nutrition education program which employs professionals who train and supervise paraprofessionals to teach nutrition to low-income families on an individual basis.

"Food scientists are needed now more than ever to help bridge the food industry-food consumer gap. The food scientist's job is to apply scientific knowledge concerning the nature of food to the immense task of providing an adequate, nutritious and wholesome supply of food, to test food additives for safety and effectiveness, or to search for inexpensive sources of protein to supplement diets of the poor."

Social workers have also been providers of health care, as the problems of clients have often been the result of physical or emotional problems. Social workers are sometimes the one link between the families they serve and health education or care.

West Virginia University's School of Social Work has given particular academic expression to a wide variety of health specialties. The graduate curriculum and field experience opportunities provide training in poverty, health care and planning, family services and family planning, aging, mental health and youth development. A report on its special graduate project is included in this issue of **Spotlight.**

Community dentistry students at the University of Tennessee in Memphis comprise a health care team which also includes a chairside dental assistant, dental hygienist and dental laboratory technician. Internships involve teaching and service in elementary schools in surrounding communities.

A Fitting Source For Health Education

"The University, with its unique access to information spanning all disciplines, is a fitting source for educating the public about health," writes Duke University President Terry Sanford. "The university is a multidimensional entity with the capacity to develop broad public policy for health care, preventive care, and health education... Universities have the capacity to invent... Universities, because they are multidisciplinary, have the capacity to shape coordinated programs, involving whatever strength is needed for proper solutions."

There is strong evidence that Southern universities have been asking themselves many questions concerning their strengths, their capacities, their roles and responsibilities in the field of health education. There is also strong evidence that many of these universities are seeking to answer those questions not only through departmental academic endeavors but also through team coordination, linking multidisciplinary efforts with everyday community health problems.

But the complexity and variance of the nation's health needs, as well as the diversity of health professionalism, offer to higher education a formidable challenge.

"There appears to be no real concensus as to what the curriculum for health educators should contain in our colleges and universities," observes Stephen Collier, associate director for health programs at the Southern Regional Education Board.

"Issues such as the relative amounts of technical health information versus behavioral intervention techniques in the academic preparation need to be addressed, as well as different strategies in educating the public about health.

"There are so many factors external to the health education setting which tend to compete with and dilute the efforts of health educators that they often feel overwhelmed and ineffectual," Collier says.

"During the coming months, SREB will work to develop some consensus on these problems."

Meanwhile, the initiative currently taken by individual institutions to harness and direct the talents of their particular health forces toward better health services, will surely contribute viable directives for future action.

Health Education at the Grass-Roots Level

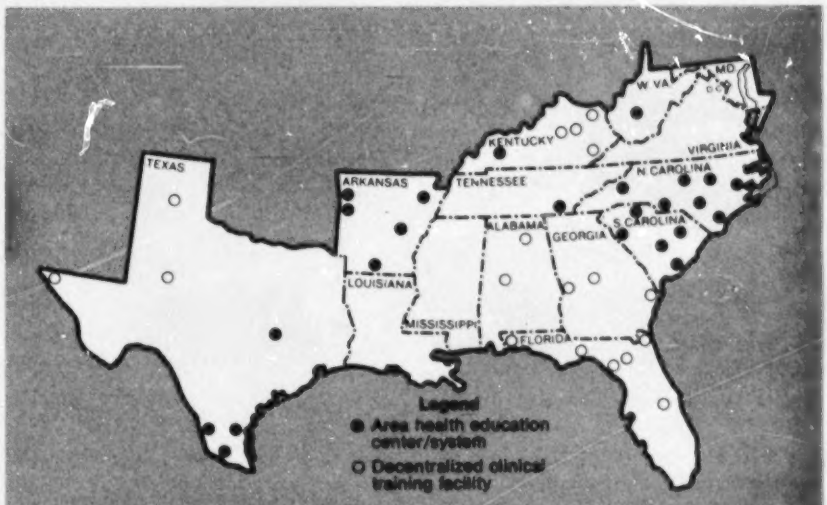
HELP from Alabama

"It's a workable solution to health education at the grass-roots level," believes Dr. Bill Bridges from the School of Community and Allied Health Resources at the University of Alabama in Birmingham. The school is part of a network system of multi-university, -disciplinary and -professional project called HELP, coordinating nearly everything that impinges on health services in rural Alabama.

HELP is a team effort of the Alabama Cooperative Extension Service of Auburn University, the University of Alabama at Birmingham Medical Center and the Alabama Department of Public Health, with cooperating junior colleges, voluntary health agencies, regional hospitals, health system agencies and existing health department organizations.

Priority areas are not determined by the universities but by the extension council composed of area citizens in each Alabama county. County agents convey this data to one of the three district health specialists who, in turn, pass the information along to Project HELP's staff. Drawing upon the expertise of the medical center and other outside agencies, the staff plans and develops an appropriate program of action for the particular community. Through HELP the needed health and medical information is taught to the county extension agents by staff personnel—doctors, dentists, nurses, allied health teams—who are flown into the area to implement the programs.

Emphasizing self-help oriented community action, HELP's major task is prevention of chronic diseases through education—concentrating on dental health, hypertension, cancer, coronary heart disease, immunization and arthritis, and nutritional information.



Adapted from *Progress and Problems in Medical and Dental Education*, A report of the Carnegie Council on Policy Studies in Higher Education, 1976.

Existing area health education centers, area health education systems, and other decentralized clinical training facilities. AHECs that lack affiliation with a university health science center are not included.

Meeting Rural Health Needs . . .

. . . in North Carolina

Area health education centers (AHEC), part of the nation's federally funded Health Maintenance Organization Act of 1973, have also had far-reaching effects on rural America's health.

One of the most successful is in North Carolina, reports the Carnegie Commission. Nine AHEC's provide the state with a comprehensive network of regional centers, pivoting around the resources of the University of North Carolina School of Medicine and other health science disciplines as allied health, dentistry, nursing, pharmacy and public health. Duke University's and Bowman Gray's medical schools also help coordinate continuing and clinical education in all fields of health education and medical care.

Here, similar to Alabama's Project HELP, directors of each center determine or assess the health needs of area citizens, then communicate that need to the university medical network. Professionals, faculty, staff and resident medical students travel throughout the state to provide health education and services to the citizenry.

. . . and in Texas

An AHEC has also been instrumental in health education for rural school children at Hidalgo, Texas. There have been community-wide improvements, as well.

"For the very first time faculty and select students from the medical and allied health schools have come together to implement a worthwhile community project," remarks allied health dean Robert E. Bing at the University of Texas Medical Branch at Galveston. Dr. Bing initiated the new model project.

Social Workers — A Catalyst for Community Health

Graduate students in social work at West Virginia University set out four years ago on an educational experience which resulted in a service that 30,000 rural citizens won't soon forget.

In addition to a long list of common rural service deficiencies, the students also discovered that most of the small, isolated communities in one mountainous region had no doctors. Working with the citizens and the WVU Center of Extension and Continuing Education, they helped organize town meetings, gradually gathering enough support for a county health council. Through this council's united strength, federal funding for medical help was approved.

The HEW grants also helped establish a university rural health institute to provide a support staff for health education purposes, plus equipment and supplies and three satellite health clinics throughout that particular county.

"Students have kept the health council involved when they could have thought about sitting back, now that doctors and allied health specialists are here," remarks Tom McConnell, WVU extension agent.

Each semester of students has drawn resource persons from different areas, and they have continued to contribute to the total health care system by helping with other county projects, such as improving water systems, better housing, and help for aged.

"The students can put textbook learning into practice and adapt them to local needs. We all gain from it," says McConnell, "especially the citizens in the particular communities where the students work."

Kentucky January - Teaming Up at the University

The team concept, according to Dr. Tom Connally, director of the Kentucky January Program at the University of Kentucky in Lexington, is not on the organization of the team, but on the process of delivering skills to serve needs. It is a problem-oriented concept, not discipline-oriented. The team is led by and composed of those disciplines which would best bear on a specific problem.

"In practice," explains Connally, "this means the ability to assess

needs and thinking through solutions based on what other professionals may have to offer. A recognition of the potentials of teamwork as a method of improving the health care system should be the end product."

Approximately 200 senior and graduate-level students and faculty from eight University of Kentucky colleges participate each January in this extramural, interdisciplinary health effort. Teams from the schools of allied health, nursing, social professions, education, home economics, dentistry, pharmacy, and the Lexington Technical Institute, experience community problems firsthand in homes, hospitals, clinics and agencies.

"The approach is education of the students," Connally says, "not to provide service at this particular time in the student's life; although through our work in the field, service is actually done."

One of the underlying reasons for sending full-time faculty to the field with the students, Connally says, is to expose them to the environments, to the modes of professional practice and to the health needs of rural Kentucky. "The hope is—and the results have been—to modify teaching content and practices to better reflect the distinct needs of those regions."

Students and faculty learn and share experiences in clinical practice such as patient education, and in community problems such as learning how to recognize "why things are as they are and how things can be better. We don't send our teams out to create change," says Connally. "But through this educational program, we are hoping that the student will be better prepared to become a 'change agent' when he graduates."

For Children Only . . . with Community-Wide Results

Texas' medical and allied health teams are looking at community health from a closer angle—that of unresolved child health problems, stressing school health programs to help children develop better habits.

Since the basic goals of school health were laid down 25 years ago by the World Health Organization, says Dr. Phillip R. Nader, associate professor of pediatrics and psychiatry at the University of Texas Medical Branch at Galveston and director of the School Health Program, little that is actually new has come along in terms of school health needs. The focus must shift from the "what to do" stage to the

"how can we do it," contends Dr. Nader.

The pilot program, funded in 1974 by the Robert Wood Johnson Foundation, has just received another $1 million for continuation.

As part of the project, a conference was held last summer to which 85 professionals from both health and education were invited to share experiences and ideas. Attendance numbered over 200, with experts coming from as far away as Indiana and Massachusetts.

"A primary purpose of the conference," reports Dr. Nader, "was to bring together these two components—health and education. Although both systems are vital to the well-being of our society, they often function as though the other does not exist. School health care must be a shared experience between the two, and that requires communication."

There are four neighborhood children's clinics in Dallas, situated in the most economically depressed sections of the city. The clinics, providing both curative and preventive care, are a partnership between Texas Southwestern Medical School and the Dallas Independent School System.

Easy accessibility, highly trained health teams, plus the close coordination between the medical school and the Dallas school system has revealed statistical proof that this Children and Youth Project has drastically cut the mortality rate, which is high. School absenteeism is down, as well as health care costs for children enrolled. Other improvements noted have been control of anemia, nutritional deficiencies, respiratory and skin infections and emotional problems.

Complete profiles — medical, dental, nutritional, psychiatric, environmental—are part of the initial routine of admittance. Working closely with school nurses, with parents, with the area day care centers, the neighborhood clinic keeps close watch on the child's health progress. Medicine and drugs are dispensed free at the clinic. Social workers and nurses visit the homes, teaching mothers how to care properly for the children. Medical students, as well as professionals, participate as part of regular rotation in this comprehensive health care project. "As the university is paying all the bills, our stress quite naturally is upon preventive health measures," says one clinic staffer

News From The Region

Florida State U. has received a $502,938 grant from the W. K. Kellogg Foundation of Battle Creek, Michigan, to strengthen the planning management and leadership capabilities of academic department chairpersons in the nine state university system institutions.

A revision in the nursing master's degree curriculum will initiate study in family practice at the **U. of Florida** College of Nursing. The $66,695 grant from the Robert Wood Johnson Foundation is making possible "the only program in the nation which provides all of its clinical nurse specialists with a core of family practice training," says Dr. Blanche Ussy, dean of the college. "With this kind of background, our graduates can provide more comprehensive care to families, in addition to providing specialty nursing care."

West Virginia Tech is offering a new four-year degree, Public Service/Allied Health Option, to meet an increasing demand by public service agencies for personnel with health skills combined with a strong background in research, social service, and administrative positions. The program is expected to attract graduates of two-year programs in health fields such as nursing, dental hygiene, and medical record technology.

Helping students make better choices about postsecondary education is the primary target of a $54,200 federal grant to the **State Council of Higher Education for Virginia.** The one-year project will assess what additional information about postsecondary schools and programs is required by Virginia citizens to help them decide whether, when and where to enroll for education beyond the high school level.

Duke U. has received $2.8 mil-

lion from the Commonwealth Fund of New York City to improve educational opportunities of students interested in health professions. The program calls for "greater integration of undergraduate and basic science instruction, early identification of some students for medical school, and broader opportunities for undergraduates to explore all health career possibilities."

Present and future needs of elderly citizens will be determined through a statewide survey by the Institute of Urban Studies at the **U. of Houston.** Through $405,000 funded by the Texas Department of Public Welfare, the study aims to provide more effective means for meeting the needs of persons 65 and older.

A Southeastern Consortium for Minorities in Engineering has been awarded $500,000 from the Alfred P. Sloan Foundation. Aimed at increasing the number of minority students from the Southeast who enroll in engineering colleges, the project will introduce supplementary curriculum in science, math and English in selected secondary schools. Consortium institutions are **Georgia Institute of Technology, Tennessee State U., Tuskegee Institute in Alabama,** and the universities of **Alabama, Tennessee, Florida** and **South Carolina.**

For Further Reading

Information on publications listed below may be obtained through author or publisher:

Haase, Patricia, *A Proposed System For Nursing, Theoretical Framework, Part 2,* Pathways to Practice, Volume 4, SREB, 1976.

"Health Education — an overview," by William H. Carlyon, Department of Health Education, American Medical Association, Chicago, Illinois, from *Proceedings: Selected Health Manpower Education Conferences, 1975-1976.*

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"Health Manpower Act: Aid But Not Comfort For Medical Schools," Barbara J. Culliton, *Science Magazine,* November 12, 1976.

Kentucky January — Program Description and Evaluation Summary 1972-1976, College of Allied Health Professions, University of Kentucky, Lexington, Ky. 40506.

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Progress and Problems in Medical and Dental Education, A Report of the Carnegie Council on Policy Studies in Higher Education, Jossey-Bass Publishers, Washington, D.C., 1976.

Review of Allied Health Education I, Joseph Hamburg, General Editor, The University Press of Kentucky, Lexington, Kentucky 40506, 1974.

Sanford, Terry, *Role of Formal Education,* Duke University, Durham, North Carolina, 1975.

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Laura Anderson, Writer-Editor

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